

ONE STOP PERMITTING

CITY OF BIRMINGHAM
DEPARTMENT OF PLANNING, ENGINEERING & PERMITS
 710 20th Street, North
 ROOM 207, CITY HALL
 BIRMINGHAM, ALABAMA 35203

Randall L. Woodfin
Mayor

Katrina R. Thomas
Director

CONDEMNATION WRITE UP SHEET

Date _____
 Case No. _____
 Master No. _____
 Project No. _____

Site Address: _____
 Location: (floor, wing, suite, etc.) _____
 Project Name: _____

Date _____
 Case No. _____
 Master No. _____
 Project No. _____

Is Structure Repairable? Yes No Repair Cost \$ _____
 Is Address on House? Yes No Building Use: Residential Non Residential Other _____
 Construction Material: Concrete Steel Wood Wood/Masonry Other _____

Number of Stories _____
 Number of Families _____
 Number of Kitchens _____
 Number of Rooms _____
 Number of Occupants _____
 Number of Baths _____

Demolition Code:
 645 – Residential 1 unit
 646 – Residential 2 units
 647 – Residential 3-4 units
 648 – Residential 5+ units
 649 – Non Residential

Complaint Source:
 Citizen Mayor
 Council MOCA
 Fire Observation
 Housing Police
 Other _____

Building Age: _____ years Asbestos: Abated Not Found Present
 Building Size: L _____ W _____ H _____ S.F. _____ Electrical: Yes No Water: Yes No Gas: Yes No
 Garage: L _____ W _____ H _____ S.F. _____ Concrete Slab Driveway

The following comments and conditions were noted regarding the property listed above. These conditions are considered below minimum standards for safe, livable and sanitary habitation as specified in the Housing Code:

ELECTRICAL

WIRING TYPE AC Cable (Armored Cable) Conduit Knob and Tube
 MC Cable (Metal Clad) NM Cable (Romex) Other _____

WIRING CONDITION Damaged Deteriorating Good Removed
WIRING GENERAL Needs Replacing Needs Replacing/Upgrading Needs Upgrading None Seemingly O.K.
PANEL AMPS 60 125 150 200 250 300 300 and above
POWER METER IN PLACE? Yes No

PLUMBING

TOILET LOCATIONS _____

WATER HEATER TYPE: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	QUANTITY
BUILDING DRAIN: <input type="checkbox"/> Septic <input type="checkbox"/> Sewer <input type="checkbox"/> None	BATHTUBS _____
PLUMBING CONDITION:	SHOWER STALLS _____
<input type="checkbox"/> Damaged <input type="checkbox"/> Needs Inspection <input type="checkbox"/> Needs Repairing <input type="checkbox"/> None <input type="checkbox"/> Parts Missing	URINALS _____
<input type="checkbox"/> Removed <input type="checkbox"/> Seemingly OK <input type="checkbox"/> Vandalized <input type="checkbox"/> Other _____	SINKS _____
	LAVATORIES _____
	WATER CLOSETS _____
	WASHER CONNECTIONS _____

HEATING SYSTEM: Central Heat Floor Furnace None Removed Space Heater Wall Unit Window Unit
HEATING SYSTEM Damaged Needs Inspection Needs Repairing None Parts Missing Removed
CONDITION: Seemingly OK Vandalized Other _____

GAS METER

ACCESSORY

	QTY	MATERIAL (circle all applicable)	CONDITION (circle all applicable choices)**
CARPORT		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK
FENCE		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK
GARAGE		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK
SHED		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK
SHED/STORAGE		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK
OTHER*		CONCRETE STEEL WOOD WOOD/MASONRY	DAM. NEEDS REPAIR NONE PARTS MISS. REMOVED SEEMINGLY OK

BUILDINGS

*IF SELECTION IS NOT LISTED, PLEASE NOTE:

 COMMENTS: _____

HAZARDOUS MATS	ASBESTOS <input type="checkbox"/> Yes <input type="checkbox"/> No				LEAD <input type="checkbox"/> Yes <input type="checkbox"/> No					
	LOCATION (Circle All Applicable Choices)			QTY	UNIT	LOCATION (Circle All Applicable Choices)			QTY	UNIT
	CEILING SPRAY	GYPSOM BOARD	PANEL		Inches	CEILING SPRAY	GYPSUM BOARD	PANEL		Inches
	CEILING TILE	INSULATION	SIDING		Lin. Ft.	CEILING TILE	INSULATION	SIDING		Lin. Ft.
EXTERIOR PAINT	INTERIOR PAINT		Sq. Ft.		EXTERIOR PAINT	INTERIOR PAINT	TAPE	Sq. Ft.		
FLOOR TILE	JOINT COMPOUND	VENT PIPE			FLOOR TILE	JOINT COMPOUND	VENTPIPE			
OTHER _____					OTHER _____					
COMMENTS: _____										

SELECT FROM THE LIST BELOW WHEN DOCUMENTING THE CONDITION OF THE FOLLOWING ITEMS:

- | | | | | | |
|-----------------|----------------|--------------|-------------------|------------------|-----------------|
| ALUMINUM | BURNED/NFTR | DAM/NFTR | METAL | PIPE RAIL | SEEMINGLY OK |
| ALUM/GLASS | CLOSED UP | DECAYED | MISSING | PLASTER | STEEL |
| ASBESTOS SIDING | COLLAPSING | DETERIORATED | NEEDS REPLACING | PRESSURE TREATED | SHINGLE-ASPHALT |
| ASPHALT | CONCRETE | FALLING OFF | NONE | REMOVED | SHINGLE-WOOD |
| BRICK | CONCRETE BLOCK | FAULTY | OPEN | ROLL ROOFING | WOOD |
| BUILT-UP | CRACKING | GYPSUM BOARD | OTHER (SEE NOTES) | SAGGING | WROUGHT IRON |
| BURNED/FTR | DAM/FTR | MASONRY | PANELING | SECURED | |

CONSTRUCTION MATERIAL

CONDITION

FRONT STEPS		
—		
REAR STEPS		
—		
FRONT STEPS HANDRAIL		
REAR STEPS HANDRAIL		
—		
FRONT PORCH		
—		
REAR PORCH		
—		
FRONT PORCH HANDRAIL		
—		
REAR PORCH HANDRAIL		
—		
FLOORS		
—		
PIERS AND FOUNDATIONS		
—		
SPOUTS AND GUTTERS		
—		
FACIA AND SOFFIT		
—		
WINDOWS		
—		
SECURE <input type="checkbox"/> Yes <input type="checkbox"/> No		
EXT.DOORS		
—		
SECURE <input type="checkbox"/> Yes <input type="checkbox"/> No		
EXTERIOR WOOD		
—		
EXTERIOR MASONRY		
—		
OTHER		
—		
CHIMNEY FLUES		
—		
FIREPLACES		
—		
FLOOR JOISTS		
—		
ROOF FRAMING		
—		
STUDS		
—		
ROOF COVERING		
—		
PERCENT OF DETERIORATION		
INTERIOR WALLS		
—		
INTERIOR CEILING		

IS STRUCTURE BURNED? Yes No If yes, Percent of Burn _____

EMERGENCY ACTION REQUIRED? Yes No

GENERAL CONDITION

TOTAL PERCENT OF DETERIORATION _____

BASEMENT/CELLAR? Yes No NEEDS

FILLING? Yes No BASEMENT CELLAR _____

SEC

TWP

RNG

PARCEL I.D. #

LOT SIZE: _____ COMMENTS: _____

DATE _____ INSPECTOR'S SIGNATURE _____